

Clermont Senior Services
Activity Registration Form

PLEASE PRINT

TODAY'S DATE _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

PHONE _____ STREET _____

CITY/STATE _____ ZIP _____

LAST SIX DIGITS OF SOCIAL SECURITY # XXX-__ __ - __ __ __ __ (Required for registration.)

VIP Member: No Yes

Has any information changed in the last year? No Yes

NOTE: I understand by registering, I am giving CSS permission to use photographs taken during activities/trips for publicity purposes.

| ACTIVITY/TRIP DESCRIPTION | CLASS LOCATION | DATE | AMOUNT |
|---|----------------|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | \$ |
| VIP MEMBERSHIP (new or renewal): Must be 55 or older. Membership year runs July 1 to June 30. Dues are not prorated. Clermont County residents \$12.00; Others \$30.00 Date of Birth: _____ Township _____ County of Residence _____ | | | \$ |
| TOTAL | | | \$ |

METHOD of PAYMENT

Cash/Check payable to CSS; Mastercard; Visa; Discover; Amer. Express

Card Number _____ Exp. Date: _____

Signature: _____

*Registration must include payment. We regret we **cannot** refund registration fees or exchange tickets for other events.
Please call 947-7333 to see if there is someone on the waiting list that can take your place.*

Mail: Clermont Senior Services
4350 Aicholtz Road
Cincinnati, OH 45245

Fax: 513-752-4015
Phone: 513-947-7333

I have received or have been offered a copy of the Notice of Privacy, required by HIPAA guidelines, and understand it gives me all information in reference to how my personal information is used by CSS.

Signature _____ Date _____

Received by _____